## **BERNALILLO COUNTY ASSESSOR**

**Property Tax Exemption Department** 

Tanya R. Giddings

501 Tijeras Avenue N.W.

Assessor

Albuquerque, New Mexico 87102-3174 (505) 222-3700

## CHARITABLE - EDUCATIONAL ORGANIZATION TAX YEAR 2014

**Application for Exemption of Property Tax for Non-Governmental Entities** 

<b>Application Date:/</b>						
(All outstanding PRIOR year taxes, interest or penalties must be paid prior to submitting this application)						
Pursuant to Section 7-38-17 NMSA 1978, exemption of non-governmental entities must be applied for, approved and claimed to be allowed.						
Once approved, reapplication is not necessary in subsequent tax years so long as use of property, ownership, location, boundary lines and						
mission of organization remains without change. Complete and submit this application to the Bernalillo County Assessors Office. <i>The official</i>						
application submittal period is from January 1, 2014 up to thirty (30) days following annual Notice of Value mailings. Property will be						
presumed NOT EXEMPT and taxed accordingly OUTSIDE dates indicated. All new charitable or educational organizations must follow this						
process for the exemption to be considered for Tax Year 2014.						
IMPORTANT INFORMATION ON EXEMPTIONS:						
1. It is the <u>USE</u> of the property BY QUALIFYING INCORPORATED NON-PROFIT/CHARITABLE/EDUCATIONAL ORGANIZATIONAL OWNER(S), not the declared objects and purposes of its owners which determines the right to exemption. The charitable or educational						
purpose of the property must be it's <i>PRIMARY</i> use.						
2. The <u>IRS 501C ( )</u> designation for federal income tax exemption has no applicability to applicant organization's claim for property tax						
exemption in New Mexico. This applies primarily to sales tax and the deductibility of donations on income tax reports etc.						
Supporting Documentation:						
The following documents will assist us in processing your application. Please check boxes below for documents you are submitting with						
this application. Complete this application in it's entirety. If necessary, use additional sheets to support your claim for exemption.						
Ownership: ( ) Real Property: [_] Deed [Date:_/_/_] OR: [_] Real Estate Contract [Date:_/_/_]						
( ) Personal Property: [] Owner Equipment Certification Letter [] RE Leased? (Submit Copy of Lease)						
( ) Manufactured Home: [] MVD Title/Registration [] List Specifications on Page 04 of this application						
□ Public Regulation Commission (Formerly State Corporation Commission) Certificate						
☐ Articles of Incorporation - Constitution and Bylaws						
☐ IRS 501C () Federal Non-Profit designation issued						
☐ IRS Form 990 reports for last two recent previous years						
☐ Financial & Income Statements last two recent previous years						
Organizational brochure(s) reflecting charitable/educational nature of organization						
<ul> <li>□ Educational Entities: Educational curriculum applicable to each grade level of instruction</li> <li>□ Improvements: Surveyors plat map reflecting improvements</li> </ul>						
Improvements: Surveyors plat map renecting improvements						
ORGANIZATION APPLYING FOR TAX-EXEMPT STATUS:						
ORGANIZATION NAME & Street Address:						
- NF 41						
Contact Person:Title:						
Tel: Bus: ( ) Fax: ( ) E-mail:						
Res: ( ) Cell Phone:						
Name of Property Owner As of 01/01/2014:						
Do ALL Charitable/Educational activities take place on RE Parcel(s) listed on this application?						
Yes [_] No [_] N/A [_] If "No" please explain on separate attachment						
Is RE property zoned for intended use? ( ) Yes If "Yes" Please list RE property parcel Class(s):						
No If "No" submit your plan of action for zoning acceptance						

## TYPE OF PROPERTY TAX EXEMPTION YOU ARE APPLYING FOR:

(1)	)		(3)	<sup>-</sup>	<del>-</del>
(2)	)	[If additional p	(4) arcels apply, please list on I	Page (04))	<del>-</del>
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List $\underline{\text{square feet}}$ , $\underline{\text{percentage}}$ , $\underline{\text{ACTIVITY}}$ and $\underline{\text{hours}}$ used DURING A SEVEN DAY WEEK for $\underline{\text{each area}}$ of the improvements & land that $\underline{\text{are used}}$ for charitable and/or educational purposes as well as footage and percentage $\underline{\text{NOT used}}$ :				
(Attach separate sheets or schedule if necessary)				
11. How is the applicant organization supported financially?				
12. Does the applicant organization rent, lease or sub-lease on a long term basis a portion of this property to generate income?  ( ) Yes ( ) No (If "YES", what %:Size:(provide copy of rent or lease agreement))				
13. Express organization income from all sources per month. \$				
14. Is the applicant organization filing IRS Report Form 990 each year? ( ) Yes ( ) No (If "NO" enclose IRS authorization letter stating you are not required to file)				
15. Explain all reasons why this property is educational or charitable as these terms are utilized in the New Mexico Constitution, Article VIII, Section 3.				
Please include a narrative description of the activities presently carried on by the organization. The narrative should specifically identify the services performed to benefit the public at large or the community by the organization. List definition of recipient classes (Ex: low-income, homeless, indigent, or charitable organizations, etc.) receiving your services.				
(Use additional sheets and attach supporting documentation if necessary)  [[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[				
PROPERTY OWNER OATH OR AFFIRMATION  I hereby certify that the subject property(s) are owned by a charitable or educational organization and is being used for charitable or educational purposes.				
chartable of educational purposes.				
Date: Signature of property owner or *AUTHORIZED AGENT				
Title:				
Print name of person signing above				
*Letter from Owner Authorizing Agent REQUIRED				

## **MANUFACTURED HOME (Continued – Additional Information)**

Registered Owner:		
Year:Mfg:	Model:	Size:X
VIN:	NM License Plate No	No. Axles:
Title No	Mfg Home Color(s)	
A-Frame No	Other Unit/Mfg Nos	
Double Wide ( ) Single Wi		
Mfg Home Attached to Permanen	t Foundation? Yes ( ) No ( )	
Axle/Wheels Removed? Yes ( )	No ( ) Not Applicable ( )	
A-Frame Removed? Yes ( ) No ACTUAL STREET LOCATION		
(If more	than one unit list same information for each below or o	on additional sheet)
(2)	man one and that same information for each octor or	on additional sheet,
Additional space for	APPLICANT. Please list a reference ed	ach for each comment entry)

(Rev: 10/24/13 kkw)